

# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

P. O. Box 526  
Richmond, Virginia 23218-0526

## APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is \$50.00. Please make check payable to: **Treasurer of Virginia. Mail (1) application, (2) check, and (3) evidence of financial responsibility to the above address.** If you have any questions, please call Reba Gilliam at 804-786-1025.

Licenses expire on March 31 each year. Licenses renewed after March 31 each year are subject to a 20 percent late fee.

### Please type or print the following information:

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_

I certify that I understand my legal responsibilities for the use, supervision of use, sale, distribution, or storage of pesticides, and that if I sell pesticides, I will sell restricted use pesticides only to individuals who possess a valid pesticide applicators certificate, or to their representative.

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

### This business will engage in the following (CHECK ALL THAT APPLY):

\_\_\_\_ SELLING GENERAL USE PESTICIDES      \_\_\_\_ DISTRIBUTION      \_\_\_\_ **APPLYING PESTICIDES\***  
\_\_\_\_ STORAGE      \_\_\_\_ BULK STORAGE  
\_\_\_\_ **RECOMMENDING FOR USE ANY PESTICIDE\***      \_\_\_\_ **SELLING RESTRICTED USE PESTICIDES\***

**\*Requires a certified commercial applicator to be employed; provide information below:**

Name of Applicator: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THE APPLICATION

BUSINESS PHYSICAL LOCATION ADDRESS:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS REQUIREMENT (CHECK ALL THAT APPLY):

\_\_\_\_ CALL TO VDACS\*      \_\_\_\_ EXTENSION      \_\_\_\_ PESTICIDE SUPPLIER      \_\_\_\_ VDACS\* INVESTIGATOR      \_\_\_\_ RETAIL  
DISPLAY

\*VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES

\_\_\_\_ VDACS WEB PAGE      \_\_\_\_ OTHER

FOR DEPARTMENT USE ONLY:

Business License No. \_\_\_\_\_

Date Keyed/by: \_\_\_\_\_

AMOUNT TO REMIT: \$50.00

VDACS ACCT. 757-02-02438

VDACS-07209

11/05